

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000063

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 6

FILED JAN 22 1963

1. PLACE OF DEATH

a. COUNTY Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN FairfaxLength of stay in 1b
10 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR Fairfax Community
INSTITUTION HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchisonc. CITY
OR
TOWN Tarkio, Mo.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
HARRY ROBERT ZOOK4. DATE
OF
DEATH Month Day Year
Jan 5 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/26/1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
11 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

day laborer

11. BIRTHPLACE (City and state or country)

Fairfax, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Albert Zook

13b. MOTHER'S MAIDEN NAME

Ruth Husted

14. NAME OF HUSBAND OR WIFE

Edith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

yes

W.W. I

16. SOCIAL SECURITY NO.

79

17. INFORMANT

Edith Zook

Address

Tarkio, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a) Terminal uremia Heminal anemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Nephrosclerosis Advanced arterio

DUE TO (c)

Solentio Cardio-vascular disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour, a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/3/50

to 1/5/63

and last saw him alive on 1/5/63

Death occurred at

1:50 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

C. Niedermeyer, M.D.

22b. ADDRESS

Tarkio, Mo.

22c. DATE SIGNED

1/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

1/8/63

23c. NAME OF CEMETERY OR CREMATORY

Maitland Cemetery

23d. LOCATION (City, town, or county)

Maitland, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home

Tarkio, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 19, 1963

26. REGISTRAR'S SIGNATURE

Thermon H. Schuler

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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JAN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.